

LOUISVILLE MEDICAL NEWS.

"*NEC TENUI PENNA.*"

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B. O. COWLING, A. M., M. D., and L. P. YANDELL, M. D.
EDITORS.

CHANGE OF NAME.—The name "LOUISVILLE MEDICAL NEWS" was selected for this magazine when its proprietors had little experience in the field of journalism. They have never been wholly satisfied with it, as it represents but one department of the publication. Besides this reason, the name is common enough to cause some confusion, there being three other medical journals in the country bearing a similar appellation. The proprietors of the NEWS have therefore had it under consideration for some time to change its name, and have at length determined to do so with the first number of the next volume. The journal will then be styled "THE MEDICAL AGE"—a name, we believe, possessed by no other medical publication, and one which we hope no medical publication which contemplates entering the field hereafter will imitate. The "NEWS" has brought us much luck, to be sure, and has been pretty thoroughly advertised from one end of this country to the other; but we trust the "AGE" will bring us luck also, and the same energy will be used to push it as was done with its antenymic. "THE MEDICAL AGE" strikes us as being an excellent name—distinctive, euphonious, cosmopolitan, and dignified; of which graces we shall aim to make it a true stamp.

THERE is no danger of any one lighting up a superstitious fire along the American line, and not having the same promptly squirted on from the cold waters of the Philadelphia Medical and Surgical Reporter. This faith-

VOL. VIII.—No. 7

ful watchman upon the towers of medical Asrael of course is not pleased with the president's address before the last meeting of the Association; that is, in so far as it attempts to prove any thing. "The logical necessity of assuming intelligent design in order to explain the adaptations of nature is wholly rejected now even by many theologians," says the P. M. and S. R. Why it should feel called on to assert this self-evident truth we do not see. All the world knows by this time that it was manufactured by Mr. Tyndall, with the help of a select company of American apprentices.

THE Memphis Board of Health on the 9th of August formally declared yellow fever epidemic in that city, the number of deaths from this cause exceeding that from all others. Virtually, if not technically, yellow fever has been epidemic in Memphis from the time when the first case occurred this year, as what it could do and would do was then thoroughly feared.

A FOURTH school of medicine has been established in Louisville, where there are already five medical journals. We trust this inequality will not last long—that either the journals will come down or the schools go up. Far better the latter; for then we should lose nothing, and besides only fifty or sixty out of the seventy or eighty born professors in Louisville are as yet provided for, and there is still a little unrest among the ten or twenty outers whose talents are unappreciated and unemployed. Let us thank our stars, however, that the ten or twenty are no longer the twenty or thirty.

Original.

FOOD AND FOOD-MEDICINES IN SURGERY.

II. EXTRACT OF MALT.

BY RICHARD O. COWLING, A. M., M. D.,
Professor of Principles and Practice of Surgery in University of Louisville.

In a former paper I gave at some length the general principles which I think should guide the surgeon in the constitutional treatment of surgical accidents and diseases. They were, however, in no way peculiar to surgical practice, but applicable to disease in general; and it is well enough at times to call to remembrance the old truth, sometimes overlooked by students and junior practitioners at least, that the principles of medicine are the same in all its branches, and that surgery differs from its sisters simply in its operative and manipulative demands. The surgical title to the paper in question was chosen principally from the fact that the experience upon which it was written was drawn chiefly from practice in the surgical branch of our art.

It has occurred to me that it would not be without interest in a second paper to give some examples in practice illustrating the general principles referred to before, and especially to record an experience with a very serviceable food-medicine—the extract of malt—which in a general way was highly commended. Testimony to the virtues of this preparation has been very widespread and decided; but, so far as I know, it has been given by practitioners of medicine chiefly. I shall be able to show, what of course might have been inferred, that the extract of malt loses none of its power in the treatment of surgical accidents and diseases, and that this field offers extensive opportunities for its use.

The introduction I had to this remedy was such as to make a lasting impression upon me. In August of 1876 a patient, aged five, in whom I had far more than a professional interest, after a slight indisposition for several days began to show an elevation in temperature. As this was decidedly periodic, I thought it, of course, to be of malarial origin, and gave myself but little concern about it until I discovered it could not be permanently controlled by quinine. In decided doses the temperature would come down for a day, to rise again upon the next, reaching a maximum of 101°. Languor, weakness, and anorexia increased, and

within a fortnight cough and bronchitis were established and the patient was at length forced to keep her bed. As the symptoms did not improve, the thought came to me that it was tubercle I had to combat. Oil was rejected or taken after such a continued struggle that I substituted the Trommer malt, which about that time was coming into some use in Louisville. Its beneficial effects were apparent in a very short time. The temperature speedily came down and remained down, the cough disappeared, and in a fortnight the child was at play. Whatever was the name of the disease, it was one of malnutrition; and I have always thought that what was or might have been the development of tubercle was arrested by the malt and milk upon which alone the child was kept after the first futile attempts to arrest the disease with antiperiodics.

With such an introduction as this, of course I was led to use it in practice, and there are few accidents or diseases of surgery in which I have not tested its virtues; so much so, in fact, that I fear their enumeration will sound much like an index. In all the joint diseases, whatever may be the vexed question as to their traumatic or strumous origin, it ranks with the oils in curative power. A paper or plaster brace (seldom a steel instrument), with oil, malt, or malt and oil, is the constant practice of Professor Yandell and myself in all troubles of this sort; and so, too, a like prescription along with the jacket in spinal disease and with massage and exercise in lateral curvature. It has been tested in ununited fracture along with other means, in the waste accompanying caries and necrosis, and in chronic ulcers. It has often entered into the treatment of diseases of the skin—which, as Wilson says, are expressions of weakness—both in my own practice and in the extensive clinic of my colleague Prof. L. P. Yandell. I have used it in some of the rectal diseases accompanied by emaciation, notably in fistula and stricture, where its laxative properties have been useful adjuncts to those of repair. I have used it in malignant diseases as a nutriment, and in lupus along with arsenic with some hope of cure, certainly with benefit to the patient. In syphilis it is of decided service, accompanying the specifics, and also in chronic gonorrhea.

I mention gonorrhea last among the chronic diseases I shall enumerate, because it offers one of the most common fields in which food and food-medicines are demanded and are neglected. In no disease is the mis-

take oftener made of attacking with specific remedies to the exclusion of rational means. When the discharge is not speedily subdued by the injections, in a short time after the inflammatory symptoms have subsided, it is useless to trust to such medication alone. The old idea that starvation is necessary to subdue the gonorrhœa still holds in the minds of many practitioners; but the fact is that diet, beyond being selected, is not to be disturbed at any period, and if the inflammation gets a fair hold it must be increased to the maximum. Yet there are instances without number where, in spite of the hollow eyes and wasted form, the changes are rung on the several astringents, with no thought that the lost appetite must be restored—nay, with even the additional prescription of nauseous drugs, which destroy all chance for its resurrection. Here is the most brilliant field for food and tonics, and where the malt extract will often prove of infinite service, if the syringe be allowed to rest and copaiba laid aside.

The chronic disorders of surgery offer the most favorable field for the malt extract, but in acute surgical fever it may not be without benefit. In a few instances of simple surgical fever I think I have reduced temperature with it, but it has not often occurred to me to prescribe it in preference to milk and stimulants. In the fever of blood-poisons I have been greatly disappointed with it, as I have with every other remedy. In well-pronounced pyemia, which luckily is not common in our hospitals and is rare in private practice, although it seemed to be a rational remedy, it has given no notable results; nor indeed have quinine in any doses or the antiseptics, so far as I have been able to judge. In the very few cases of recovery with which I am cognizant the specific remedies were shifted so often that the outcome could not be credited to any special one. Whisky and milk, which formed the basis of all treatment, were no doubt to be given the most credit.

The following cases are given more because they are typical than because they offer any special points of interest after the general statements which have been made:

CASE I. TORTICOLLIS AFTER SCARLET FEVER.

In April, 1877, J., a boy of eight, was sent to me by Dr. Turner Anderson with a wry neck, which had developed after a severe attack of scarlet fever six months previous. The head was firmly drawn down upon the shoulder of the left side, the sterno-

mastoid, trapezius, and the deeper muscles being involved. Under chloroform the contraction could be made to disappear. Mr. Autenreith, of Cincinnati, made a very efficient steel instrument (it was just before the day of plaster jackets and jury-masts in Louisville), which consisted of a body-brace and derrick attachment, by which the head could be lifted in the proper direction. It was fitted to the boy, and he was put upon the Trommer Extract of Malt. He was quite wan and thin, but under the malt his appetite improved and he rapidly gained flesh and strength. The instrument was worn, though somewhat irregularly, for several weeks, but then was laid aside, as the boy was ashamed to go on the street with it, attracting attention and being laughed at by his companions. It became evident, too, that as he improved in condition his neck became notably straighter; and the parents being pleased with the malt extract, it was kept up for a time. Ultimately the head could, by the patient's own exertion, be held erect; and at present, except with a tendency to fall somewhat on one side, it can be straightened at will. Probably the patient would have "outgrown" his deformity, but the cure was started apparently and hastened by the remedy in improving nutrition and restoring the balance to the muscles in building up the general strength.

CASE II. PALMAR ABSCESS AND TRAUMATIC FEVER.

X., aged fifty-five, wounded the knuckle of his middle finger by striking an antagonist on the teeth. The wound speedily inflamed and an abscess formed in the back and in the palm of the hand. When I saw him he had been suffering with this for three days, he having during that time been treated by another physician who was now called away. The wound on the knuckle had been enlarged into the back of the hand, poultices had been applied, and there was a tolerably free discharge of offensive matter. I lanced the palm freely where the matter was seeking to escape on that side, and reapplied the poultice. He was in great pain, and had not slept, save by snatches, since he received his wound, in spite of large and repeated doses of laudanum. His temperature was up several degrees. He had not tasted food for several days, and had taken but a few spoonfuls of milk. As the pain was great, I gave him larger doses of opium and urged him to his food. At the end of twenty-four hours (the next morning) there was not a

particle of improvement in pain, in wakefulness, in disgust for food. I directed the malt extract, plain, and that alone. He took a tablespoonful of it every three hours, *and he slept that night* for the first time. His condition rapidly improved. His temperature was down to 100° in forty-eight hours after the malt was begun; his appetite returned; he took no more opiates from the time I had withdrawn them; and in a week was about with his hand in a sling, recovering with the loss of the joint, which was involved, the bones of which became necrosed.

CASE III. SPINAL DISEASE.

C., a farmer's lad, aged nineteen, brought to me October, 1877, by Dr. Foss, of the "Pond Settlement" in the county, for incipient antero-postero curvature. Had been subject to chills for a long period, which had continually recurred in spite of quinine and tonics; was emaciated and without appetite or strength, and with more or less constant intercostal pains. There were tender spots about the fourth and fifth dorsal vertebrae, with a just perceptible bow. He was swung and a plaster jacket applied, and put on a tonic pill of quinine, iron, and strychnine with the extract of malt. He wore a jacket seven months, kept up the tonic pills for two months, and the malt during the whole period. The jacket was renewed twice. He regained his health completely, got twenty pounds heavier, and in spite of his stiff cuirass in three months returned to his labor upon the farm, chopping wood, etc. There was no evidence of his spinal trouble when he finally laid aside his jacket.

CASE IV. SARCOCELE WITH FUNGUS.

Y., at nineteen years, contracted gonorrhea, which went into gleet. His discharge kept up, from first to last, fifteen months. Toward the end of it he had an orchitis, supposed to have been caused by the injections used. It passed through an acute stage of a week or two, during which Y. was confined to his bed, after which he went about. The swelling, however, did not subside, though the testicle remained but little tender. It was a year after the orchitis began that the tumor softened—without decided pain—in front, and an abscess discharged. Three weeks later (October, 1878) the patient came to me. I then learned the history given above. The patient was very poorly nourished, and was much under weight, which, however, never had been

great. He had a nasal catarrh and chronic cough, apparently laryngeal. I could not make out any organic trouble in the lungs. He was a non-consumer of fats and a small consumer of any thing, and altogether exhibited very little vitality. His right testicle was as large as a hen's egg, and indurated. From the front of it low down there was a fungous growth as large as a partridge-egg. Y. had come to me to have the growth removed, thinking there was no other plan of getting rid of it. I decided against castration, if for no other reason, because the patient was in a poor condition for an operation—the wound of castration healing particularly slowly under adverse circumstances.

I gave him a wash and put him on tonics and malt. He took malt and oil for awhile, but, not agreeing with him, he was on the malt and iron throughout the rest of his treatment. Of local application he used carbolyzed washes, alum, bluestone, and an axle-grease containing tar, which he used at his own suggestion, and which made a good application. He was my patient for seven months. His improvement was early in so far as his general condition was concerned, though it was a long time before any effect upon the fungus was perceived. The cure, however, though slow, was steady, and by the middle of the following May the growth was entirely removed, the opening healing completely, and the swelling in the testicle subsiding. An examination made this day (August 14th) shows the right testicle as soft as its fellow, somewhat smaller from apparent loss of substance, where the fungus was situated, which is marked by a clear cicatrix, the skin adhering to the testicle. The patient is also improved in every way. His cough has left him; he has gained flesh; color has come to his cheeks; his catarrh gives him little trouble, and his appetite is pretty good. Although far from being a vigorous man, compared with the emaciated and devitalized individual who nine months ago presented himself to me for castration, he might be ranked as an athlete.

CASE V. LUPUS.

In April, J. C., aged fifty-five, was brought to me by Prof. Bell for consultation in lupus. He had been a soldier during the civil war, had received a gunshot wound in the hip, and was discharged for disability. The leg upon that side was still weakened, requiring a stick for support, and his general strength was much below the average. He had a

lupus of four years' standing about the size of a silver half dollar, extending from the eye, the ball of which was protected by the nictitating membrane, the upper surface of which was involved, over upon the nose. Upon the other side of the nose and upon his hands and arms he had the brown scales generally accompanying the disease. We put him on the "Extract of Malt with Iodides" and arsenic, and directed infrequent dressings of prepared oakum to the sore. Keeping him a few days, during which his general condition improved, he was sent to his home in the lower part of the state. His condition is described by himself in a letter dated on July 17th, which I transcribe: "I am taking the medicine as directed and have weighed regularly. You remember I weighed 140½ pounds on the 30th of April. I have reached 153 pounds, but since this hot weather I am falling back as I always do. My rest is good; I eat heartily. My skin is clear, and I look several years younger than when you saw me. I am a fourth stronger, and suffer but little. The sore is not 'eating,' but, strange to say, is not healing yet; but I continue the treatment, as it is the only thing that has ever benefited me. One thing more: I have an old cut toe which has appeared to be dead for years. Summer before last it festered under the nail, ran awhile, and then became dead and dry, the nail remaining fast. It never grew out until I came from Louisville. It is now out a fourth of an inch with a young nail under it. My medicine has become pleasant. I am taking it in sweet milk, and I think with better effect."

Certainly in this last case, if the lupus is only at a standstill after three months' treatment, and will probably require an operation, something has had a powerful effect on the nutrition. I will not stop to speculate on what it was or was not, but give the story of the man (who was as guileless as a child) as he wrote it. It would be far from my purpose also to overrate the virtues of the malt extract. My object is only to give it a high rank among the constructive remedies of surgery; without results in a number of instances, succeeding in far more; not superior to the oils except in its wider applicability; not displacing other tonics or food-medicines, but acting happily with or without them, as the case may be. That it is a fat and tissue producer there is not a doubt, and it can be expected to do just such work as belongs to such agents.

LOUISVILLE.

Correspondence.

To the Editors of the Louisville Medical News:

Influenced by some strong medical and lay testimony in its favor, I determined to try the health-restoring virtues of this place. As a Kentucky institution in the sphere of therapeutics, your readers may be interested in hearing something about it.

First, as to the water. It is certainly chalybeate and a powerful diuretic. It is said to contain also sulphur, magnesia, and a subtle gas of special virtue, which the initiated say can only be secured when the water is drunk at the fountain. They affirm that this gas is lost in transportation from the spring to the house, only a few hundred yards. Most persons, after a week's use of the water, find their bodies and limbs covered with an eruption, much of which assumes the form of pustules. I can think of but two ways of accounting for this: Either the water is a poison producing this cutaneous disease, or its diaphoretic properties are so thorough and efficient that the ill humors we bring here with us are drawn to the surface, and so expelled.

Against the first supposition—the poisoning—it is to be said that the eruption is accompanied with no bad feelings, neither debility nor febrile irritation, but that, on the contrary, there is a slight sense of improvement of the general health. I therefore incline, for the present, to the second hypothesis—that the water draws off in this peculiar way some of the malarial poison absorbed in the lower and richer portions of the country. I hope that my further experience may help to verify this second alternative. So far it is with me experiment and not experience.

The formation of this and the adjoining regions is of free- or sandstone. The hills and dells are profusely covered with the characteristic mountain growth—the pine, the laurel, the holly, and the hemlock. The rocks, of immense thickness and strangely marked, are composed for the most part of water-worn flint pebbles imbedded in a compact sand of the same material. Of course these rocks could only have been formed by gradual deposition from turbid waters at the bottom of a sea deep enough to exert the necessary pressure for the consolidation of these materials. And as these rocks are older than the limestones which cover so large a portion of Kentucky, they must have been upheaved by internal forces through

and above this limestone formation. Here is a distant outpost of the poor but health-bearing primitive rocks of the eastern mountain ranges of the Atlantic border just upon the edge of the productive limestone and alluvial regions of our great West.

Here I am reminded of an oft-repeated taunt of the half-educated men who for some years have been the leaders and prophets of a section of the scientific world. Over and over again, at every possible occasion, it is said by these leaders that religion has been driven from its most cherished beliefs by the onward march of science; and it is more than insinuated that the same continued progress of science will presently leave no religious beliefs to comfort or to disturb mankind.

The facts we have been speaking of illustrate very aptly the foolishness of this cant. Until recently the constitution of the crust of the earth was equally unknown to all classes. The universal interpretation of the Mosaic account of the creation was in accordance with the universal ignorance of the facts. But this interpretation touched no religious belief, no dogma of theism or of Christianity. As soon as the facts which showed the erroneousness of that interpretation were ascertained, theologians were not the last, but were among the first to accept them. With the philosophic freedom that happily distinguishes the higher ranks of all the professions, the abler theologians promptly readjusted their interpretations of Genesis to the newly-discovered facts, and found in these writings of God upon the rocks more admirable testimonies to his far-seeing providence and to the truth of that other written record, the Bible. The very first introduction of the beautiful science of geology to the general public in a popular form was by a distinguished divine of the Church of England, in a course of "Bampton Lectures,"* published about fifty years ago; and ever since, as before, Christian writers and thinkers have kept abreast of the progress of science in this and in every other department. They accept the facts as fast as they are learned. They are often the foremost discoverers of these facts. But here is their offense: With the same philosophic perception of the distinction between fact and crude speculation, they reject the idle guesswork of mere naturalists, who, knowing little beyond their specialty, intrude into regions far beyond their depth, and oracularly announce as science the merest pigments of imagination in the sphere

of metaphysics and philosophy. With highest reason Christian thinkers reject this nonsense, and calmly rest assured in the conviction that God's word in nature and God's word written, when both are understood, will always be in perfect accord. In the mean time they can not but mourn over the wreck of faith in the multitudes who, because these distinguished men are trustworthy guides in the natural sciences which they have studied, accept them also as guides in the higher learning of philosophy and religion. J. C.

ROCKCASTLE SPRINGS, PULASKI CO., KY.

To the Editors of the Louisville Medical News:

June 7th number of MEDICAL NEWS contains an article, written by Dr. W. H. Long, of Louisville, on the Use of Salicylic Acid in Rheumatism, in which he claims to have derived no benefit from its use, and wishes to be excused from being numbered among those who believe that salicylic acid is a specific for rheumatism. In the many articles which I have read during the last two years upon the use of this drug, I believe I have seen but one or two writers who claim that it is a specific, but many claim to have had good results from its use.

I do not believe in specifics, and I believe there are but few allopathic physicians who do. What I understand by a specific is a medicine of supposed infallible efficacy in the cure of a particular species or form of disease; and such remedies are rare. It is true we have remedies which have special action upon some particular organ—for example, like that of ergot upon the uterus—but for such we can not claim a specific for any disease. Dr. Long expected entirely too much from the use of salicylic acid, and, because he did not find in it a specific, condemns it. He would not think of treating a patient with a severe attack of typhoid fever with quinine or alcohol or muriatic acid alone; yet, when you combine these remedies with good nourishment you seldom fail in having good results. And so it is with salicylic acid: we can not expect by the use of this drug alone always to cure our patients, but by combining it with other remedies which may be indicated by the symptoms there is no doubt but that we shall find it a valuable remedy.

I have treated a number of cases of acute rheumatism in the two last years with salicylate of soda—which I prefer to the acid, being more pleasant to take—and can con-

* Bridgewater Treatise.

scientifically say that it has done all I expected of it. I always give alkalies with the soda if patients suffer much pain; give Dover's powder every four hours; see that the bowels are freely moved at least every other day. When I use Dover's powder I usually give the two drugs together to an adult—ten grains of soda to six grains of powder every four hours. Now it might be claimed that the alkalies with Dover's powder would control the disease alone without the soda. So it might if the attack was not a severe one. But I claim for salicylate of soda that it will not only assist in curing the disease, but will mitigate the symptoms to such an extent that the severity of the attack will be arrested; and can say further that since using this remedy I have met with no cardiac disturbance following acute rheumatism, which difficulty I often met prior to its use.

For chronic rheumatism I do not claim much benefit; yet in one case of a young lady of nineteen, who had been troubled with attacks of chronic rheumatism which lasted for several weeks, I was called to see her at the commencement of one of these attacks; and, by giving ten grains of salicylate of soda every four hours, succeeded in arresting the attack in six days. I have also given it in other cases of chronic rheumatism, in which I did not think I derived much benefit.

In conclusion I would say that I do not think salicylate of soda or salicylic acid a specific for acute rheumatism; yet, if the treatment is begun at the proper time, and combine such other remedies as may be indicated, that the most satisfactory results may be obtained. Further, that we should at no time be too hasty in condemning the therapeutical effects of new remedies, for by so doing others may be led to discard the use of them in other localities where good results might be derived from their use.

JOHN F. ALEXANDER.

CENTER HALL, PA., August 5, 1879.

A TORNADO.

To the Editors of the Louisville Medical News:

At half past five o'clock, on the afternoon of May 30, 1879, a tornado passed through Irving; and half an hour later a second one crossed the track of the first in the village limits. In the town and vicinity more than forty houses were blown to pieces; in some instances boards were carried miles away.

A large stone school-house, two stories high, is now literally a stone-pile. Ten persons were killed outright, three more died within two hours, and one old man, terribly wounded, died sixteen days after of gangrenous erysipelas. This old man had a dislocation of the left humerus into axilla, a luxation of the right foot backward with a Pott's fracture of right fibula, a compound fracture of right humerus, and a broken rib. Of course there were innumerable cuts and contusions, of every size and shape, in every conceivable spot. A peculiarity of these was splinters of wood, dirt, and gravel deeply imbedded in the flesh.

Sixteen cases of fracture came under treatment. Three were dressed with silicate of potassium, and none gave good results. One, a median fracture of the radius and ulna, had to be redressed with plaster of Paris on account of a perceptible angle. One, a compound fracture of the ulna, the patient told me, was refractured and dressed, leaving much deformity. The third, a fracture of the thigh and leg in a boy watched day and night, gave fair results. It makes a neat dressing, but hardens slowly. A trebly comminuted fracture of leg, where a half section of the tibia an inch long was removed, with a fracture of lower third of femur, dressed in plaster of Paris with large opening, gave an inch shortening. Two boys with fractured clavicles, put up at first with adhesive strips, succeeded in wriggling loose repeatedly, and the axillary pad had to be substituted, with good results.

In compound fractures woven wire splints admit of irrigation and give adequate support.

L. CHASE, M. D.

IRVING, KAS., August 4, 1879.

Consultations.

Duo capita quam unum meliora.—CELSUS.

4. A man thirty years of age came to me for treatment with the following trouble: Whenever he took a bath, or water came in contact with his body in any way, he suffered the most intense smarting, burning, and itching. I asked him how often he washed himself, thinking perhaps his trouble might be due to a neglect of cleanliness. He said he took a bath twice a week! but it made no difference how often he bathed. Said he had been to a number of physicians, but had obtained no relief; that he had tried all sorts

of remedies, but they did no good. I did not know what to do for the man, for the reason that I did not know the cause of the trouble. Can any one of the subscribers of the *News* give me any information as to the cause of the trouble, and the treatment for it? The man smokes almost continually; might not that cause it? x.

[As no eruption is mentioned, this is probably a hyperesthesia—the sign of neurosis—and demands nerve-tonics. Stop his tobacco and give Fowler's solution in increasing doses until specific effect is produced; then reduce gradually.—J. W. H.]

Books and Pamphlets.

FIRST ANNUAL REPORT OF THE STATE BOARD OF HEALTH OF ILLINOIS. 1879.

AMERICAN NERVOUSNESS: ITS PHILOSOPHY AND TREATMENT. By Geo. M. Beard, M. D., New York. Delivered before the Baltimore Medical and Surgical Society. Reprint from Virginia Medical Monthly.

ECONOMIC MONOGRAPHS. NO. XIV: PROPOSED LEGISLATION ON THE ADULTERATION OF FOOD AND MEDICINE. By Edward R. Squibb, Brooklyn, N. Y. Reprint from Transactions of the Medical Society of the State of New York for 1879. New York: G. P. Putnam's Sons. 1879.

The Louisville Medical News.

Back numbers of the LOUISVILLE MEDICAL NEWS, with several exceptions, can be supplied. The price is six cents per copy, postpaid. Persons wishing to complete their files of the *News* would do well to order missing numbers early, as but few copies remain of several of the issues.

A limited number of bound volumes of the *News* is in stock. These can be obtained at the following prices: The *News* for 1876, Vols. I and II bound together, \$3.50; 1877, Vols. III and IV bound together, and 1878, Vols. V and VI bound together, each \$4.50, or the three years for \$11.00, postpaid.

The bound volumes of the *News* contain each six hundred and fifty pages filled with much matter of permanent value.

Address the publishers,

JOHN P. MORTON & COMPANY,
Louisville.

Miscellany.

OBSTETRICS IN SIAM.—Samuel R. House, M. D., a medical missionary, communicates to the Archives of Medicine an interesting account of the perils of childbirth in Siam:

Obstetric practice in Siam, as will be conjectured, is of the rudest kind. Were all

left to unassisted nature, mother and child might fare better; but not a little "meddlesome midwifery" is resorted to, and one strange custom is universally prevalent as abhorrent to good sense as it is to humanity.

Elderly women are their chief dependence on these occasions, and they are as officious and as wise in their own conceit as "experienced nurses" in more civilized communities are apt to be. Male practitioners are summoned only in exceptional cases. Utterly ignorant as these are of anatomy and of the nature of the process of parturition, and holding as they do that all the delays and obstructions are caused by demoniacal interference, their practice consists much of it in incantations and exorcisms and in the rudest methods to hasten expulsion. A favorite way to expedite matters is to press with great force upon the abdomen and its contents, shampooing vigorously with the thumbs and fists. They even stand with bare feet upon the poor woman's body, crowding the heel upon the front or sides of the distended uterus, and all without the slightest reference to or knowledge of the condition of the os uteri. The writer has seen a large psoas abscess produced by the violence used on such an occasion.

Is the patient feverish and restless? the doctor fills her mouth with perfumed water over which a charm has been muttered, and spirits it dextrously in a fine and not unrefreshing spray over the all but naked body of the sufferer, bidding at the same time the evil spirit to begone. If the same peremptory order were given to the numerous sympathizing female friends who crowd the little room and keep up a loud and incessant chattering, more good might result.

Does the labor prove still tedious? a large brass bowl is procured, a long wax taper is lighted and fastened in the bottom of it by a few drops of the melted wax, silver coins to the amount of ninety cents (which are to revert to the doctor as the invariable fee for this service) are stuck upon the sides of the candle, and the bowl is filled up with uncooked rice, upon which some coarse salt, dried peppers, etc. are thrown; and over this, with hands laid palm to palm and bowed head, an incantation is addressed to the invisible powers which have control over the malicious demons that are hindering the birth of the child.

Mean while for any bad symptoms that may arise medicines are administered in accordance with their simple theory of pathology and therapeutics, that all disturb-

ances of the system are produced by undue preponderance of one of the four elements—fire, wind, earth, or water. As a specimen of their prescriptions the following may answer. It was made by the court physician, in the presence of the writer, for a lady of high rank, at the time of her confinement: Rub together shavings of sapan wood, rhinoceros's blood, tiger's milk (a white deposit found on certain leaves in the forests), and the cast-off skins of spiders.

But at last the delivery is accomplished. Then a scene of confusion begins. One rushes out for salt, another for warm water and an earthen basin to wash the child, a third with frantic haste brings for the mother's comfort an earthen tray full of fire-brands snatched up from the kitchen fire, which soon filled the room with a blinding smoke. Meanwhile a piece of split bamboo is looked up, from which a rude knife is fashioned, and with this the umbilical cord is cut or rather sawed through; for with nothing metallic may the cord be severed under any circumstances. Since they never tie the cord, this is not bad practice, as by its liability to bleeding is prevented. An old earthen jar is now found to receive the placenta, which, with two or three handfuls of coarse salt thrown upon it, is then buried somewhere in the garden, averting thus evil that would otherwise befall the mother and child.

Next the child is washed and laid on a soft pillow, around which, to protect from drafts and mosquitoes, a close curtain is extemporized by using the three-yard piece of printed muslin that constitutes a Siamese dress. From the very first day babes in Siam are fed with honey and rice water, and have the soft pulp of bananas crammed into their little mouths.

And now with the mother begins a month of penance, exposure to true purgatorial fires. It is inground into the native female mind in Siam that the most direful consequences to both mother and child will ensue, unless for thirty days after the birth of her first child (a period diminished five days at each subsequent birth) she exposes her naked abdomen and back to the heat of a blazing fire, not two feet distant from her, kept up incessantly day and night.

From this curious Siamese custom of "lying by the fire," this cruel addition to the unavoidable trials of women in childbirth, none in palace or bamboo hut dare to exempt themselves. No superstition has greater hold upon them or more terrifies them with

fear of coming evil if they fail to comply with it.

And their medical science bolsters up the custom, by teaching that after the birth of the child there is always a diminution of the fire element in the system tending to produce stagnation, a flabby state of the uterus, bad humors in the blood, a bad quality of milk, and other unknown and terrible dangers to parent and offspring, from which this free external application of heat alone can deliver them. They think, too, that the due quantity, quality, and proper duration of the lochial discharge depends on this exposure to the fire. Vain is it to tell them of the mothers of other countries who receive no detriment from their dispensing with such a usage. They are sure Siamese women require it, and they confirm their faith in this practice by pointing to the wives of European residents, who, it must be confessed—owing, of course to the prostrating heat of that tropical climate—do not generally rally very well after child-bearing.

The manner of conducting this slow self-torture is as follows: A fire-place is brought in, or extemporized upon the floor of the lying-in chamber by having a flat box or a simple rectangular framework of planks or trunks of banana-trees, some three feet by four, filled in with earth to the depth of six inches. On this the fire is built with sticks of wood nearly or quite as large as one's wrist. By the side of this oblong frame and in contact with it, raised to the level of the fire, a piece of board six or seven feet in length is placed, and on a coarse mat spread upon this, or upon the bare plank itself, the unfortunate woman lies, with bare back and limbs—quite nude indeed, save a narrow strip of cloth about her hips—with nothing else to screen her from a fire hot enough to roast a duck. There, acting as her own turnspit, she exposes front and back to this excessive heat; an experience not to be coveted in any land, but in that burning clime of perpetual summer a fiery trial indeed.

The husband or nurse is ever hard by, like her evil genius, to stir up and replenish the fire by night and by day. True, if it blazes up too fiercely for flesh and blood to endure, there is at hand a basin containing water and a small mop with which to sprinkle it upon the flames and keep them in check. For the escape of the smoke no provision is made, for chimneys are unknown in Siamese kitchens even. It ought to be added that hot water alone is allowed to quench the patient's thirst.

Selections.

THE CONSTITUTIONAL TREATMENT OF UTERINE DISORDERS.

[From Goodell's Lessons in Gynecology.]

One cardinal rule in the treatment of all uterine disorders is the internal administration of iron and of other tonics, unless contra-indicated. To these may be added, whenever the womb as a whole is congested or hypertrophied, ergot, quinia, arsenic, or potassic bromide, either singly or more or less in combination. Whenever one of my patients can or will take cod-liver oil in conjunction with the syrup of the iron iodide, I feel that half the battle is won. The bowels should be kept soluble. An excellent pill for this purpose, to be taken at bedtime, is:

R Ext. colocynth. comp..... gr. ij;
Ext. belladonnæ..... gr. ʒ;
Ext. gentianæ..... gr. j;
Ol. carui..... gtt. ss. M.
Et ft. pil., No. j.

The pulvis glycyrrhizæ comp. of the Prussian Pharmacopœia is another good laxative. I have kept patients upon it for months, and always with benefit. The formula for it is as follows:

R Pulv. glycyrrh. rad..... } aa ʒ ss;
Pulv. sennæ..... }
Sulphuris sublim..... } aa ʒ ij;
Pulv. fœniculi..... }
Sacchar. purif..... ʒ jss. M.

Sig. One teaspoonful in half a cup of water at bedtime.

The Lady Webster pill also is peculiarly suited to many of these cases of obstinate costiveness. Two or three pills may be given at bedtime.

The following tonic pills are much prescribed at the clinic:

R Acid. arseniosi } aa gr. ʒ;
Strychniæ sulph..... }
Ext. belladonnæ..... gr. ʒ;
Cinchoniæ sulph..... gr. jss;
Pil. ferri carb..... gr. ijss. M.
Et ft. pil., No. j.

R Acid. arseniosi gr. ʒ;
Cinchoniæ sulph..... gr. jss;
Ferri et potass. tart..... gr. ij. M.
Et ft. pil., No. j.

The sulphate of cinchonia in these pills may be advantageously substituted by a proportionate dose of sulphate of quinia, the former being used simply on account of its cheapness. One pill may be given after each meal.

Basham's iron mixture, with the addition of fractional doses of strychnia, will be found very admirable in its effects. There are so many indifferent recipes for making this celebrated mixture that I shall here give the one which seems to me to be the best:

R Tinct. ferri chloridi..... fl. ʒ ij;
Acid. acetic. diluti..... fl. ʒ ss;
Liquor. ammoniæ acetat..... fl. ʒ ijss;
Curacœ..... } aa fl. ʒ j;
Syrupi simplicis..... }
Aquam, ad..... fl. ʒ viij. M.

Sig. One tablespoonful after each meal.

The following formula makes another very elegant and generally useful preparation of iron:

R Tinct. ferri chloridi..... fl. ʒ ij;
Acid. phosphorici diluti..... fl. ʒ ij;
Spts. limonis..... fl. ʒ j;
Syrupi simplicis..... fl. ʒ ijss;
Aquam, ad..... fl. ʒ vj. M.

Sig. One tablespoonful after each meal.

The dilute phosphoric acid is added both because it is a valuable nerve-tonic and because it has the property of disguising the styptic taste of the iron; so much so that children readily take this mixture.

There are two other tonic preparations which we prescribe very frequently in this building, and with capital results. One of them is Blaud's pill, which Niemeyer extols so very highly:

R Pulv. ferri sulphat. exsiccât..... } aa ʒ ij;
Potass. carb. puræ..... }
Syrupi..... q. s.

Ut fiat massa dividenda in pilulas, No. xlviij.

During the first three days one pill is to be taken after each meal. On the fourth day four pills are taken during the day, on the fifth day five pills, on the sixth day six; that is to say, two pills after each meal. For three days more six pills are taken daily; then the dose is to be increased by one pill daily until three pills are taken after each meal. On this final dose the patient is kept for three or four weeks as the case may be. In stubborn cases I have occasionally run up the dose to the number of five pills thrice daily, and have seen no other bad effects from it than a feeling of fullness in the head. This immunity is probably owing to the conversion of the iron sulphate into a carbonate.

The other preparation is a valuable alterative tonic, for the formula of which I am indebted to my friend Dr. A. H. Smith:

R Hydrarg. chloridi corrosivi... gr. i-ij;
Liq. arsenici chloridi..... fl. ʒ j;
Tinct. ferri chloridi..... } aa fl. ʒ iv;
Acid. hydrochlorici dil..... }
Syrupi..... fl. ʒ ij;
Aquam, ad..... fl. ʒ vj. M.

Sig. One dessertspoonful in a wineglassful of water after each meal.

Anemic and chlorotic patients will fatten and thrive wonderfully on this mixture. I call it the Mixture of Four Chlorides. It should not be given for a longer period than two weeks at a time.

When patients complain of nervousness or of sleeplessness, the potassic bromide must be given, either alone or in combination with other remedies. A cheap mixture, much thought of by our patients at the University clinic, is the following:

R Pulv. ferri sulphat. exsiccât... gr. xxx;
Potassii bromidi..... } aa ʒ j;
Rad. calumbæ contus..... }
Aque bullientis..... Oj.

Steep for twenty-four hours and then strain.

Sig. One tablespoonful in a wineglassful of water just before or after each meal.

I can not say much for the palatableness of this infusion nor more for its pharmaceutical elegance; but it does good, and we therefore give it largely to our poor patients. The iron and the potash in it may be increased or lessened, or the former may be left out, as the case may be. The zinc valerianate given thrice daily in doses of from two to four grains is one

of our best nervines. For a better class of patients the following antispasmodic mixture can be prescribed with very general satisfaction:

R Elixir humuli..... fl. 3j;
 Elixir ammoniac valerianat. }
 Syrupi lactucarii..... } aa fl. 3 ss. M.

Sig. One dessertspoonful at bedtime or during the day when needful.

When ergot is indicated it may be given continuously and in full doses, either by the mouth or by the rectum. The suppository is made by inspissating the fluid extract by a moderate heat and incorporating it with cocoa butter. Of these two modes of administration I much prefer the latter, as it does not disturb the stomach. In country practice the ergot may be given in a starch clyster.

In addition to these remedies an effort should be made to distract patients from self and to make them forget that they are invalids. Their tendency is to give too much heed to every little ailment. They should be urged to give up the recumbent posture, to take regular exercise, and to expose themselves without veils and parasols to the direct rays of the morning sun. Woman, as well as plants, needs sunshine. Tea and coffee should be given up, and milk or claret substituted. A wholesome diet of easily-digested meats and vegetables should be ordered, pastry interdicted, and the old adage inculcated of "early to bed and early to rise." A moderately cool bath may be taken daily, provided no great fatigue is induced by it and a healthy glow follows its use. The brisk rubbing down after a cool bath, by putting many muscles into play, is one means of furtively giving exercise to those patients who are indisposed to take it as such. The corset should be discarded; the clothes must fit loosely and be supported from the shoulders. However unreasonable this advice may have seemed to the woman while her health was good, she will now usually adopt it, but not without many a pang and many an inward struggle. No vanquished knight ever yielded up his armor with worse grace.

For obvious reasons, when young girls or unmarried women exhibit symptoms of uterine trouble, an examination by the finger or by the speculum, or a treatment requiring the use of the latter, should never be insisted upon until other measures have first been faithfully tried. These measures will be limited to the hygienic and constitutional treatment just detailed, and to such local remedies as the patient herself can use, viz. the hot douche, the hip bath, vaginal suppositories, vaginal injections, etc.

DEATH FROM INTRA-VENOUS AIR IN ABORTION.

A medico-legal case of abortion has occurred in Massachusetts (Boston Medical and Surgical Journal), which brings to light sudden death probably resulting from the entrance of air into the uterine sinuses. Criminal abortion had no doubt been performed by a doctor upon a negro woman six or seven months gone in pregnancy. The method was by syringe and warm water. The woman died suddenly during the operation. The following are the results of the post-mortem ten hours after death:

The only external evidence of violence was fresh blood-staining of the underclothing about the genital organs. The mouth of the womb was sufficiently dilated to admit easily the index-finger. The unruptured membranes were felt through the neck of the organ by the examining finger. The uterus rose

above the umbilicus to the height usual in the seventh month of pregnancy.

An incision was made from the neck to the pubes. The blood following this incision over the thorax was frothy. The heart and lungs were removed. When opened, the heart was found empty and healthy throughout; the vessels connected with it were also normal. The lungs were hyperemic, color red, vessels distended, the air-cells filled throughout with bloody serum. In the stomach, liver, spleen, intestines, and kidneys nothing abnormal was discovered.

The uterus, vagina, and bladder were removed together. The bladder, which was healthy, was first dissected off. I then opened the vagina along its anterior median line to the os uteri. The mucous membrane of its lower third was deeply reddened, and abraded in places. The mouth of the womb was patulous, reddened, and somewhat excoriated. The neck of the organ, two and a half centimeters (usual) in length, was dilated throughout sufficiently to admit the finger; its inner surface was reddened and free from all mucus. Following up the vaginal incision, I next opened the uterus to the fundus, carefully avoiding any injury to the membranes, which were as yet entire. On the right side, front, and back of the organ I found the membranes dissected up from the uterine wall to the extent of some two thirds to three fourths of their whole connection with the interior of the womb. The lining of the uterus, from which the membranes had been detached, was reddened, and scattered over its surface were seen a number of bright red loose clots of the size of a pea or bean. The placenta was involved in this separation, its right edge to the depth of two and one half to two and three fourths centimeters, around one third to one half of its circumference, being detached, opening uterine sinuses. No clots protruded from these sinuses, nor was blood as a layer effused over any part of the interior of the organ. The remainder of the placenta and the membranes were normally adherent to the interior of the womb. The placenta was of usual size and appearance, attached to the fundus.

The amniotic sac contained a well-developed female fetus, thirty-nine centimeters in length, and weighing fully one and one third kilograms, floating in a clear fluid, and having a fresh, healthy appearance. Presentation cephalic, with the back of the fetus to the abdomen of the mother. The ovaries were enlarged, bound posteriorly to the tissues by adhesions; when opened they were found to contain cysts and a corpus luteum.

The brain was anemic; nothing unusual further was observed on careful examination of all its parts.

Danger of Uterine Injections.—The medical examiner, Dr. Gleason, testified at the inquest:

The appearances in the womb indicated that some force coming from without had with violence dissected up the membranes and edge of the placenta. Water or like fluid, alone or mixed with air, forcibly injected into the organ would cause the appearances seen at the autopsy. No evidence of disease was found, or cause of death other than the *uterine interference*. It is unsafe to inject any substance into the pregnant uterus. Air or gas or any liquid containing the same is especially liable to cause sudden death. Quite a number of fatal cases from this procedure have been reported of late. With this catheter [catheter and syringe shown] fitted to the filed nozzle which was found affixed to the syringe we should have an effective instrument for giving an intra-uterine douche. The catheter could be readily passed, going

up between the membranes and the uterine wall, the discharge-pipe of the syringe then being connected by means of this prepared nozzle, and the instrument is complete. The autopsy showed conclusively that there had been no considerable loss of blood, as there were no clots protruding from the sinuses, nor was blood effused over any portion of the interior of the uterus beneath the detached membranes. The death was undoubtedly instantaneous. If we assume this syringe with catheter attached to have been the instrument used, *air* during its working (as will be shown later) could get in at the point of insertion of the nozzle (roughly filed) into the catheter, and also at the bulb, from some imperfection in the same.

Air forcibly injected into the uterus in the condition in which this was found might enter the circulation through the uterine sinuses and cause instant death. In such cases the precise mechanism of the mode of death has been a matter of some dispute among pathologists. In the case of this woman the post-mortem appearances indicated at least the very strong probability of death from air embolism. In the case of Mrs. H. it should have been easy to diagnose her pregnant condition at this period of its advancement. It was easily made out at the autopsy before opening the body. Pregnancy was uncomplicated, and the position of the fetus was favorable to hearing the sounds of the fetal heart.

The redness of the interior of the uterus, from which the membranes had been detached, was the result of the sudden and violent stripping off of the same from the lining beneath; it was of recent origin, as were also the excoriations.

In justifiable abortion the method of inducing uterine contractions by the use of the intra-uterine douche, known as Cohen's method, was advocated and practiced to some extent thirty years ago, but to-day is almost universally condemned on account of its danger. By the profession in general the use of such injections is now chiefly limited to cases of extreme flooding after delivery, and to cases of septicemia. Physicians sometimes err in diagnosing pregnancy. In uncomplicated cases such mistakes are infrequent so late as the sixth or seventh month.

Causes of Death in Uterine Injections.—Dr. J. R. Chadwick also testified, and gave the following summary of causes of death from uterine injections:

The manner and suddenness of the death can be explained on one only of three theories: that the woman died, first, of shock; second, of embolism; third, of the entrance of a large volume of air into the blood-vessels.

1. Although authorities state that death from shock may result from uterine and vaginal injections, yet no reported cases are known to witness in which this is clearly made out; hence we are led to believe that the term shock, which is now used in many cases where no demonstrable cause of death is found at the autopsy, has been applied in instances in which the more scientific pathology of the present day would show to have been due to embolism or air in the veins.

2. Embolism. Death from this cause is very rarely instantaneous. If it occurs, it must result from an arrest of a clot at or near the heart, and would be disclosed by careful autopsy. Besides, days would be required to allow any coagula that might be found in the uterine veins to become so disintegrated as to be taken up by the blood and carried forward toward the heart.

3. The entrance of air into the blood-vessels has been shown to have occurred in very many instances,

and to have caused instant death. Many theories have been advanced to account for this result. I believe this to be the true explanation: The regurgitation of the blood in the large arteries, which takes place as soon as the impulse of the heart's contraction is removed, is competent to close the valves at the orifice of such vessels. Now if air is substituted for blood, the valves do not close, and the circulation of the blood is arrested, however vigorously the heart may continue to beat. Instant death is the result. Further, in this instance the detachment of a portion of the placenta opened some of the uterine sinuses, and the autopsy showed that they were not plugged up by coagula.

Thimble Blistering.—An ordinary sewing-thimble, a little loosely-picked-up raw cotton, enough aqua ammoniac (strong) to saturate cotton without running out, are the preliminary agents required. Gently press the thimble over the selected spot until sensation of heat has been felt for two or three minutes; wipe away any ammonia which may remain on the surface; now with the finger rub away the superficial skin; apply dry morphia by at first gently rubbing on, and then carefully adding a drop of water. A small quantity of morphia may be repeated at short intervals until your patient feels its effects or is satisfied with the relief obtained. Be sure you hold on until you get the blistered surface. Do not rub at the skin and then apply the ammonia; otherwise your patient will not be impressed with the beauty or comfort of the operation, and on another occasion might throw a damper over your zeal by calling for the syringe or wishing some other mode to be used. For affections of the face and head I select the mastoid portion of the temporal bone as being the best point for the application of the blister. In conversation with my friend, Dr. Apperson (the inventor), I find he does not seem to have used morphia much in this way, nor could he tell me when or where he got the idea. Within the last few years, roughly speaking, I have used this mode probably one hundred times, and in but two cases have I had obstinate nausea, and in these I imprudently used too much morphia.—Dr. J. C. Watson, in *Virginia Medical Monthly*.

The True Use of Quinine.—These negative qualities, however, do not degrade quinia from its true cardinal position. While we know little that is positive of its seat and mode of action, its most obvious and all-important use is to overcome periodical congestions, the ultimate effect of malarious poisoning of the blood. Thus, when moderate doses are given, after invigorating the stomach, its first impression seems to be directed to the nerves of organic life, as may be learned at the bedside, by changes in the capillary circulation; its next effect is evidently on the cerebro-spinal nerves. The best designation to which it is preëminently entitled is that of an anti-periodic; for its main property is to overcome periodical congestions, which it does best in proportion as they are the more recent, whence follows its unquestioned value in all paroxysmal fevers. On the other hand, both experience and observation have taught that in chronic malarial cachexia it takes a secondary position to several other remedial agents; for it evidently possesses a limited and at times injurious power over passive, or the more so over hypostatic congestion of long existence, especially when given *ad saturandum* or to produce a greater sedation.—Dr. A. G. Tebault, in *Virginia Medical Monthly*.